

**VICTIMS' ECONOMIC SECURITY
AND SAFETY ACT (VESSA)
COMPLAINANT CONTACT SHEET**

Illinois Department of Labor
160 North LaSalle Street, Suite #C-1300
Chicago, Illinois 60601
(312) 793-6797

PLEASE PRINT OR TYPE ALL INFORMATION

Carefully read the instructions and complete the employee information on this sheet.
This page is **not** intended for your employer.

FOR OFFICE USE ONLY: Claim Number _____ Received _____

Complainant Contact Sheet

INSTRUCTIONS:

1. For your complaint to be processed, you must complete and return to the Illinois Department of Labor an original signed copy of **both** this Complainant Contact Sheet and the attached VESSA Complaint Form.
2. Answer all questions completely. Some questions require you to submit supporting documents. Attach TWO (2) complete copies of all supporting documents to your claim. Incomplete forms will be returned for completion, and this will delay the processing of your complaint.
3. If you move after filing your complaint, please notify the Department **in writing** at once. **Your claim may be dismissed if we cannot locate you.**
4. Upon receipt of your properly completed Complainant Contact Sheet, VESSA Complaint Form, and TWO (2) copies of all supporting documents, the Department will investigate your claim. You may be required to submit additional information and/or participate in investigative hearings during the investigation. You will be notified in writing of any action required on your part.

NOTE: A copy of your Complaint Form and all supporting documentation will be sent to your employer. However, IDOL will make reasonable efforts to prevent distribution of personal contact information (this Complainant Contact Sheet) outside of State of Illinois personnel.

EMPLOYEE INFORMATION:

_____ Last Name, First Name		_____ Home Phone Number
_____ Address		_____ Work Phone Number
_____ City	_____ State	_____ Social Security Number

Please provide the name and telephone number of someone who will know how to reach you:

_____ Last Name, First Name	_____ Phone Number	_____ Relationship to Employee
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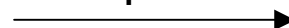
Is this complaint being brought by someone other than the employee? ☐ Yes ☐ No (If "yes", provide contact information below.)

_____ Last Name, First Name		_____ Complainant Phone Number
_____ Address		_____ Complainant Organization Name
_____ City	_____ State	_____ Complainant Relationship to Employee

OPTIONAL EMPLOYEE INFORMATION — FOR RESEARCH PURPOSES ONLY

<u>Race:</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Year of Birth:</u> _____
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Proceed to VESSA Complaint Form



**VICTIMS' ECONOMIC SECURITY
AND SAFETY ACT (VESSA)
COMPLAINT FORM**

Illinois Department of Labor
160 North LaSalle Street, Suite #C-1300
Chicago, Illinois 60601
(312) 793-6797

PLEASE PRINT OR TYPE ALL INFORMATION

Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence. A copy of this sheet will be sent to the employer.

FOR OFFICE USE ONLY: Claim Number _____ Received _____

I. EMPLOYER INFORMATION:

Employer Name

Address

City State Zip

Corporation Name, if any

Employer Contact Name

(_____)_____
Contact Phone #

Number of Employees

Industry of Employer

Is this employer still in business? ☐ Yes ☐ No

II. EMPLOYEE INFORMATION:

Last Name, First Name

Social Security Number

III. TERMS OF EMPLOYMENT:

1. Did you sign an employment contract or agreement?

☐ Yes ☐ No (If "yes", please attach a copy.)

2. Were you an independent contractor?

☐ Yes ☐ No

3. In what city and state did you perform your work?

IV. COMPLAINT DETAILS:

4. Did you request to take VESSA leave? ☐ Yes ☐ No

5. Did your employer permit you to take VESSA leave?

☐ Yes (If "yes", what were the beginning and end dates of each leave period? _____.)

☐ No (If "no", state the reason, if any, your employer gave you for denying VESSA leave: _____.)

6. Did you voluntarily elect to substitute vacation, sick leave, and/or paid time off during any portion of VESSA leave? ☐ Yes ☐ No

7. Did your employer maintain the confidentiality of your request to take VESSA leave? ☐ Yes ☐ No

8. Did your employer maintain your group health plan benefits during your VESSA leave? ☐ Yes ☐ No

9. Did your employer restore you to the same or equivalent position upon your return from leave? ☐ Yes ☐ No

(If "no", please explain. _____.)

10. As a result of VESSA leave, did you forfeit seniority or employment benefits accrued prior to the date of leave? ☐ Yes ☐ No

(If "yes", please explain. _____.)

11. Were you discharged? ☐ Yes ☐ No (If "yes", state reason: _____.)

12. Did your employer harass, discriminate against, or deny you any other right under VESSA? ☐ Yes ☐ No

(If "yes", please identify each specific violation, and attach additional sheets, if necessary. _____.)

V. CERTIFICATION & SIGNATURE: Please sign, date, and return this form with two (2) copies of any attachments to the Illinois Department of Labor at the address listed at the top of this form.

I HEREBY CERTIFY that the statements herein, including attachments, are true and accurate to the best of my knowledge and belief. I understand that acceptance of this complaint by the Illinois Department of Labor does not guarantee any specific result. I authorize the Illinois Department of Labor to receive any monies paid and to mail such monies to me at my own risk.

Date: ____/____/____ Employee's Signature _____